

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/564088

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		9		1		
11		1		1		
12		9		1		
13		9		1		
14		9		1		
15		9		1		
16		9		1		
17		9		1		
18		9		1		
19		9		1		
20		9		1		
21		9		1		
22		9		1		
23		9		1		
24		9		1		
25		9		1		
26	1	9	1	1		
27		1		1		
28		1		1		
29		9		1		
30		9		1		
31		1		1		
32		1		1		
33		9		1		
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35		9		1		
36		9		1		
37		9		1		
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40		9		1		
41		9		1		
42		9		1		
43		9		1		
44		9		1		
45		9		1		
46		9		1		
47		9		1		
48		9		1		
49		9		1		
50		9		1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
54		1		1		
55		1		1		
56		1		1		
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97						
98						
99						
100						
TOTAL IND.	2	↓	2	↓		↓
TOTAL DEP.	125	←	44	←		←
TOTAL CLAIMS	127		46			